Possible and Known Problems after bilateral inguinal hernia surgery

Thoracic Spinal Injury T3-T4/5
Thoracic Outlet Syndrome
First Rib (Left Fracture)

Osteophyte Formation Check:
Possible Problems with Anterior Aspect of the Vertebral Bodies
Possible Problems with Uncinate Processes and Facet Joints
Possible Posterior Osteophytes Leading to Spinal Canal Narrowing
Possible Parsonage-Turner syndrome
Possible Calcification of a chronic hematoma
Possible pseudoaneurysm
Possible Osteomyelitis
Possible Clavicle and Sternoclavicular Joint Involvement with fractured first rib
Possible Vascular or Neural Encroachment
Possible Vascular injury
Possible kyphotic deformity due to trauma
Possible Pseudarthrosis due to non-healing of first rib
Possible Brachial plexus compression
Possible Lumbar/abdominal nerve damage due to surgery
Possible Flail Chest

Symptoms:
Numbness, paralysis and pain across the left side of body,
difficulty swallowing, speaking, and breathing on left side
Neck pain and severe headaches
Physical moving "banding" and stretching pain across face/jaw/sinuses
Unstable neck leading from left shoulder to right shoulder around T3-T5 Vertebrae
Numbness and pain in left and right arm into elbow and hand
Trouble Urinating and defecation, pain while process takes place
Orgasm and penile erection painful
Movement of left leg/arm causes pain to all muscles in body/neck/lungs/face
-Left/right leg paralysis and burning pain through leg/feet, crotch and chest, like they are all attached, sometimes have to get help putting on pants (Possible pulling on Subclavian artery or muscles in region due to detachment, also pulling on heart and other arteries through descending aorta or other arteries/muscles
Blinking hurts/eyes don't focus
Pressure in head with release only when laying flat with clear and sometimes yellow nasal discharge
Paradoxical Breathing
Nausea/Vomitting

Notes to consider:

-The first rib on the left side appears disrupted, irregular, and possibly displaced, suggesting a fracture.

-There is bony remodeling or callus formation, which may indicate an old, healing fracture rather than an acute one.

-The surrounding structures, including the clavicle and costovertebral articulation, also show irregularities, which could suggest associated trauma.

-The abnormal bony overgrowth near the thoracic inlet raises concerns about potential compression of nearby structures, including:
The brachial plexus → which could lead to the cause of my arm pain, numbness, or weakness.
Subclavian vessels → which could lead to vascular complications such as thoracic outlet syndrome (TOS).

- My abdominal wall muscles appear slightly irregular in texture, which might indicate:

Mild muscular atrophy.
Scar tissue or fibrosis from past surgeries, injuries, or infections. (Inguinal Hernia Surgery)

-Asymmetry in Abdominal Muscles

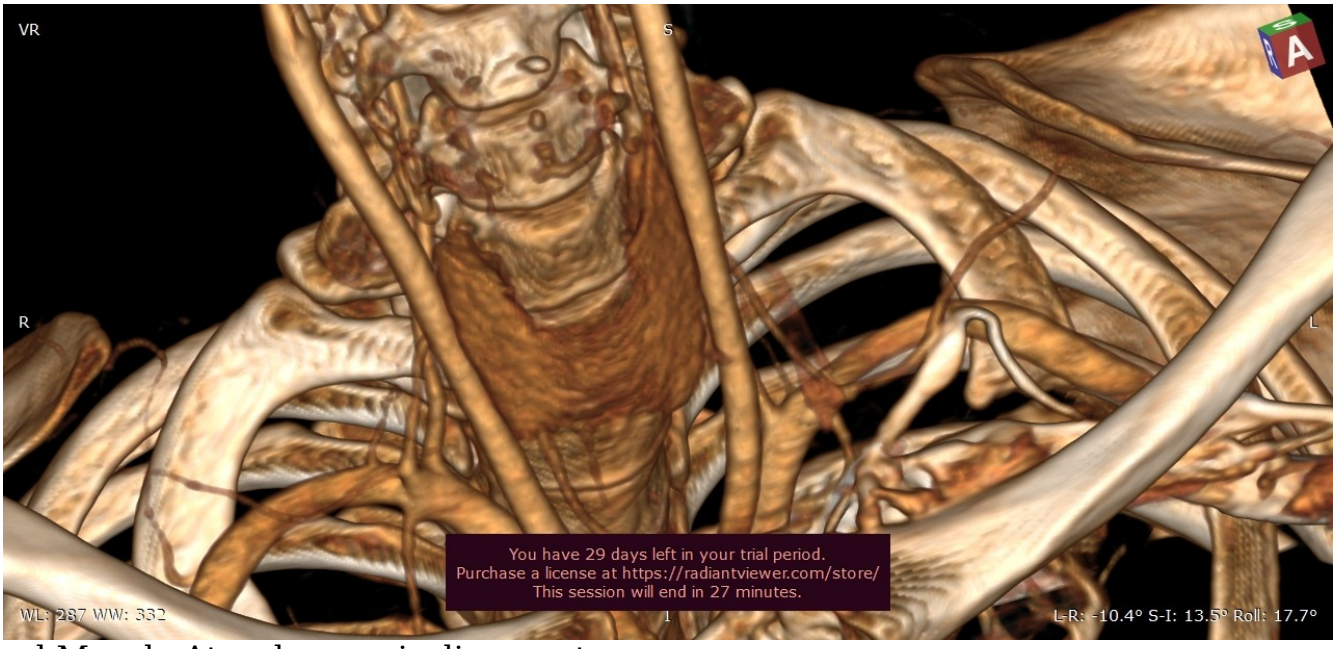
The left abdominal musculature appears more atrophic or thinner compared to the right.
This could be due to muscle atrophy, nerve injury, or prior trauma/surgery.
Possible causes include chronic disuse (Doubtful, I am active), denervation, or past surgical interventions.

-The subclavian artery and vein are visible near the fracture site.
The bulging appearance of certain vessels raises concern for vascular compression or pseudoaneurysm formation.
Chronic compression could lead to my arm swelling, numbness, or ischemia.

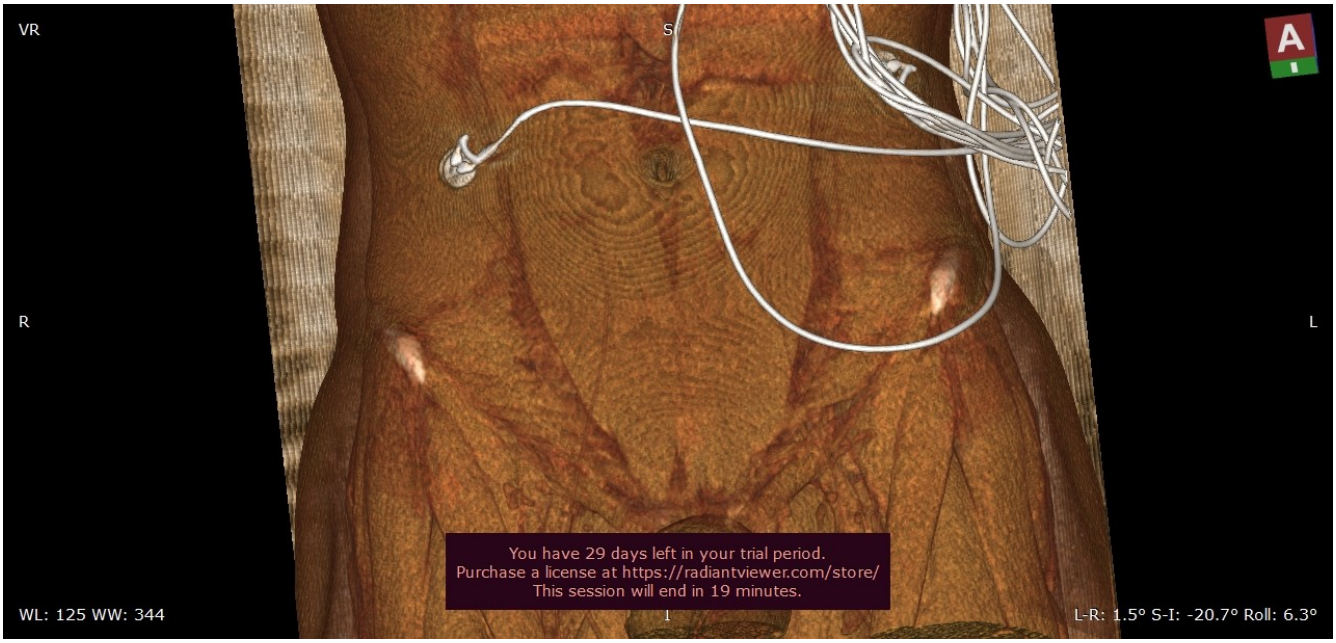
Picture Reference CT Scans 3D:
Fig. 1 Spinal Misalignment

Fig. 2-4
Fractured First Rib
with Possible Hematoma
or Calcification

Fig. 5-6



Abdominal Muscle Atrophy or misalignment


VR
S
R
L
You have 29 days left in your trial period.
Purchase a license at https://radiantviewer.com/store/
This session will end in 19 minutes.
WL: 125 WW: 344
I
L-R: 1.5° S-I: -20.7° Roll: 6.3°